

**The University of Toledo Foundation  
Expense Report**

Submit original receipts with this Expense Report

The University of Toledo Foundation  
Driscoll Center Rm 1002  
2801 W Bancroft St  
Toledo, OH 43606  
Phone 419.530.7730  
Fax 419.530.2895

Make check payable to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

For expenses from: \_\_\_\_\_ through \_\_\_\_\_ (date)  
\_\_\_\_\_ through \_\_\_\_\_ (date)

Purpose: \_\_\_\_\_  
Location: \_\_\_\_\_

Date										TOTAL	GL#
	Airfare									\$	-
	Parking									\$	-
	Taxi									\$	-
	Mileage @ 0.485 1/07									\$	-
	Lodging									\$	-
	Tips									\$	-
	Breakfast									\$	-
	Lunch									\$	-
	Dinner									\$	-
	Business Entertainment*									\$	-
	Delivery Overnight									\$	-
	Office Supplies									\$	-
	Postage									\$	-
	Telephone/Fax									\$	-
	Other**									\$	-
<b>GRAND TOTALS</b>										\$	-

Total Expenses: \$ -  
Less Cash Advance: \$ -  
Less Expenses Directly Billed to UTF: \$ -  
Net Due Requestor: \$ -

Explanation of Business Expenses (required for items marked with asterisk)

Date	Attendees	Description (type of entertainment, place, business purpose)

Date	Various	Description

For Accounting Use Only  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_